

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY039 Date of Visit: 4/27/22

Contractor Personnel on Site:

1. PATRICK BROWN      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 16761-16763 , 16798 , 16799 , 16807 , 16808 ,  
2. 16818 , 16764  
3. ASSET#'S , 9899 , 9900 , 9901 , 9932 , 9935 , 9945 ,  
4. 190917- , 252 , 272 , 269 ,  
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/27/22

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SSGT maniewski Date: 4/27/22

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**VAULT DOOR**

SITE AND BLDG #: **NY039 BLDG1**MECHANIC  
SIGNATURE: DATE: **4/27/22**LOCATION/RM #: **WO# 16808 ASSET # 190917-272**START TIME: **11am**FINISH TIME: **11:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		<input checked="" type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check alignment of dial ring with lock case; correct if necessary.		<input checked="" type="checkbox"/>	
2	Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.		<input checked="" type="checkbox"/>	
3	Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation.		<input checked="" type="checkbox"/>	
4	Look for any signs of malfunctioning or impending failure.		<input checked="" type="checkbox"/>	
5	Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office.		<input checked="" type="checkbox"/>	
6	Check Alignment of door with frame		<input checked="" type="checkbox"/>	
7	Check for difficulty in opening, closing or locking the door.		<input checked="" type="checkbox"/>	
8	Replace all defective hardware		<input checked="" type="checkbox"/>	

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

1. A qualified locksmith with expertise in GSA locks is required.
2. Prior Coordination with the facility must occur prior to scheduled work. (See suggested coordination questions below)
  - a. Access to Arms room is accompanied. Someone with unaccompanied access MUST be present at all times during scheduled work.
  - b. Coordination AND approval from the Facility Coordinator or Physical Security Officer or PIN Custodian for combination change.

**Additional Notes:** The vault Door has been opened and left open due to it being currently out of service